

2790 INTERNAL TRANSFER REQUEST FOR .N.

09/212852

| | |
|-------------------------|--|
| DATE: <u>2/9/99</u> | FROM: <u>Shute</u> (print name) |
| REASON(S): | |
| FORWARD TO: <u>2733</u> | <p>A. You had Parent <input type="checkbox"/> (check box)</p> <p>B. See Title <input type="checkbox"/> (check box)</p> <p>C. See Abstract <input type="checkbox"/> (check box)</p> <p>D. See Claim(s): _____</p> |
| A. Art Unit: <u>370</u> | |
| B. Class: <u>335</u> | |
| C Subclass: <u></u> | |

FURTHER EXPLANATION IF NEEDED:

CDMA cellular system

Best Available Copy

| | |
|--------------------|--|
| DATE: _____ | FROM: _____ (print name) |
| REASON(S): | |
| FORWARD TO: _____ | <p>A. You had Parent <input type="checkbox"/> (check box)</p> <p>B. See Title <input type="checkbox"/> (check box)</p> <p>C. See Abstract <input type="checkbox"/> (check box)</p> <p>D. See Claim(s): _____</p> |
| A. Art Unit: _____ | |
| B. Class: _____ | |
| C Subclass: _____ | |

FURTHER EXPLANATION IF NEEDED:

| | |
|---|--|
| DATE: _____ | FROM: _____ (print name) |
| REASON(S): | |
| FORWARD TO CLASSIFIER  | <p>A. You had Parent <input type="checkbox"/> (check box)</p> <p>B. See Title <input type="checkbox"/> (check box)</p> <p>C. See Abstract <input type="checkbox"/> (check box)</p> <p>D. See Claim(s): _____</p> |

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

| | |
|--------------------|--|
| DATE: _____ | CLASSIFIER: _____ |
| REASON(S): | |
| FORWARD TO: _____ | <p>A. You had Parent <input type="checkbox"/> (check box)</p> <p>B. See Title <input type="checkbox"/> (check box)</p> <p>C. See Abstract <input type="checkbox"/> (check box)</p> <p>D. See Claim(s): _____</p> |
| A. Art Unit: _____ | |
| B. Class: _____ | |
| C Subclass: _____ | |

FURTHER EXPLANATION IF NEEDED: